

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
<b>CLAIMS</b>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51					
2		/					52					
3		2					53					
4		①					54					
5		②					55					
6		③					56					
7	/						57					
8		1					58					
9		2					59					
10		①					60					
11		②					61					
12		③					62					
13	/						63					
14	/						64					
15	/						65					
16		32					66					
17		3					67					
18							68					
19							69					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4	↘					TOTAL IND.					
TOTAL DEP.	11	↘					TOTAL DEP.					
TOTAL CLAIMS	15						TOTAL CLAIMS					